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SBANNER: **CNPUV1** SRUNID:CNB240 USERID:@@@@@@@@@@@@@ QUE:SR4RAF

91U003\*CNB140-E-NTC(1)

NAME:\*NO INFO \* 40 N PEARL 00 TEL: 0

**ATTENTION**

**DO NOT STAPLE**

**HOLD FOR CENTER SERVICES COURIER PICK-UP**

Warning: These reports are confidential and proprietary to the State of New York, access is limited to authorized employees and legally designated agents, and only for authorized purposes. Also, these reports contain data maintained by other government groups, access thereto must also be authorized. Unauthorized access to or release of State of New York systems/data or other government data may result in civil liability and/or criminal prosecution. Use of these reports, whether authorized or not, constitutes express consent for the State of New York to intercept, copy, and reuse any material contained on this report. This notice shall not be interpreted to compromise the rights of nonuser data subjects.



**NO ATTACHMENTS REQUIRED**



ONONDAGA CO SOCIAL SERVICES  
 SUPPLEMENTAL NUTRITION ASSIT PRGRM  
 421 MONTGOMERY STREET 3RD FL #20  
 SYRACUSE, NY 13202-7565

**NOTICE OF DECISION ON YOUR  
 SUPPLEMENTAL NUTRITION ASSISTANCE.**

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS  
 EN ESPANOL, POR FAVOR PONGASE EN CONTACTO  
 CON SU TRABAJADOR(A).

<b>NOTICE NUMBER:</b>		<b>DATE:</b> September 3, 2016		<b>CASE NUMBER:</b>	
<b>OFFICE</b> 7	<b>UNIT</b> SNAP	<b>WORKER</b> E789	<b>UNIT OR WORKER NAME</b> SNAP I.M. WORKER		<b>TELEPHONE NO.</b> 315-435-2700

<b><u>AGENCY TELEPHONE NUMBERS</u></b>		<b>CASE NAME / AND ADDRESS</b>			
GENERAL TELEPHONE NO. <u>315-435-2700</u> FOR QUESTIONS OR HELP		7/SNAP/E789			
OR Agency Conference <u>315-435-2700</u>					
Fair Hearing information and assistance <u>800-342-3334</u>					
Record Access <u>315-435-2700</u>					
Child/Teen Health Plan <u>315-435-2928</u>					

IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

If you are blind or seriously visually impaired and need notices or other written materials in an alternative format (large print, audio, or data CD, or Braille), contact your local social services district.

**SUPPLEMENTAL NUTRITION ASSISTANCE**

We have lengthened your SNAP certification period to February 28, 2017. You will continue to get the same amount of SNAP benefits \$511.00 from October 1, 2016 to February 28, 2017. This is because you are eligible for Transitional SNAP Benefits.

You will receive this SNAP benefit amount until the end of the transition period above. You are not required to report any changes until the end of this transition period. If you have changes during your transition period that may increase your benefits, you must contact your worker to file an early recertification application in order to receive any increase. Early recertifications that result in a benefit increase will end your transition period. Also, your transition period will end and your SNAP benefits may change if you begin to receive temporary assistance again. Otherwise, your transitional period and benefit will continue as described above.

This decision is based on CFR 273.12(f)(4).

- o Your household has had a change in Public Assistance benefits.

This decision is based on Regulations 18 NYCRR 387.10 and 387.12.

**How we figured your SNAP Benefits:**

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

